

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-07

CR2E081 (1/07)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P04 0000 92552</u>			
1. Corporation Name <u>Montclair Multiservices, Inc</u> <u>5820 SW 102 Avenue</u> <u>Cooper City, FL 33328</u>			
2. Principal Office Address - No P.O. Box # <u>5820 SW 102 Avenue</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>5820 SW 102 Avenue</u> Suite, Apt. #, etc.	
City & State <u>Cooper City, FL</u> Zip <u>33328</u> Country <u>US</u>		City & State <u>Cooper City, FL</u> Zip <u>33328</u> Country <u>US</u>	
4. Date Incorporated or Qualified To Do Business in Florida <u>06/16/04</u>			
5. FEI Number			<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			\$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name <u>Ruth Romero</u> Street Address (P.O. Box Number is Not Acceptable) <u>5820 SW 102 Avenue</u> Suite, Apt. #, Etc. City <u>Cooper City</u> State <u>FL</u> Zip Code <u>33328</u>			
<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent <u>[Signature]</u> Date _____ REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P</u>	<u>Ruth Romero</u>	<u>5820 SW 102 Avenue</u>	<u>Cooper City, FL 33328</u>
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: <u>[Signature]</u>		Date _____ Daytime Phone # _____	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/12/07